

## USER ID REQUEST AND MAINTENANCE

### STATE OF KANSAS INTERACTIVE INTERNET INTERFUNDS (SOKI3+)

☐ Add☐ Change☐ Delete

Agency Number \_\_\_\_\_ Group \_\_\_\_\_

Agency Vendor Number and SFX \_\_\_\_\_

Agency Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

User Name \_\_\_\_\_

Operator ID \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_  
(must be 5 to 10 characters and unique to the database - second & third choice required in case operator id is already in use)

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(include area code) (include area code)

#### Group Contact Authorities

What will the group contact be able to do for this group?

Group Supervisor for this group? ☐Agency Supervisor for this agency? ☐

Orders

Interfunds

Journal Vouchers:

CERTTRSFR - Certified Transfers

CREDIT - Credit Card Adjustment

RECEXPEADJ - Move Cash for a Receipt/Expenditure Account

PMT-REC - Correct payment/receipt (prefix V or S)

PAYROLL - Payroll Adjustment

RECEIPTDIS - Receipt Distribution from Suspense

SUMMARY - Summarized Corrections

Receipts

	<u>Entry</u>	<u>Approval</u>	<u>Release</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
User Signature\_\_\_\_\_  
Date

Agency Approvals:

\_\_\_\_\_  
(optional)\_\_\_\_\_  
Date\_\_\_\_\_  
(optional)\_\_\_\_\_  
Date

Added by: \_\_\_\_\_

☐ Group Supervisor \_\_\_\_\_  
☐ Agency Supervisor \_\_\_\_\_  
(date)